County: La Crosse Facility ID: 8420 Page 1

ST JOSEPHS REHAB CENTER 2902 EAST AVENUE S

LA CROSSE Phone: (608) 788-9870 Ownership: Other Nonprofit 54601 Operated from 1/1 To 12/31 Days of Operation: 366 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/00): 80 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/00): 80 Average Daily Census: 72 Number of Residents on 12/31/00: 69

Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00)	%					
Home Health Care	No	Primary Diagnosis	 %	Age Groups	%	Less Than 1 Year	34. 8	
Supp. Home Care-Personal Care	No					1 - 4 Years	29. 0	
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.4	More Than 4 Years	36. 2	
Day Services	No	Mental Illness (Org./Psy)	36. 2	65 - 74	7. 2			
Respite Care	No	Mental Illness (0ther)	14. 5	75 - 84	33. 3		100. 0	
Adult Day Care No Alcohol & Other Drug Abuse		2. 9	85 - 94	47. 8	**************	******		
Adult Day Health Care No		Para-, Quadra-, Hemi plegi c	1.4 95 & 0ver		10. 1	Full-Time Equivalent		
Congregate Meals No Cancer		Cancer	2. 9			Nursing Staff per 100 Re	si dents	
Home Delivered Meals No Fractures		2. 9		100. 0	(12/31/00)			
Other Meals	No	Cardi ovascul ar	10. 1	65 & 0ver	98. 6			
Transportation	No	Cerebrovascul ar	11.6			RNs	10. 1	
Referral Service	No	Di abetes	0.0	Sex	%	LPNs	11. 9	
Other Services	Other Services No Respiratory		1.4	4		Nursing Assistants		
Provi de Day Programmi ng for		Other Medical Conditions	15. 9	Male	29. 0	Aides & Orderlies	32. 3	
Mentally Ill	No			Female	71. 0			
Provi de Day Programming for		İ	100.0					
Developmentally Disabled	No		als als als als als 2000		100. 0		ale ale de de de de de de	

Method of Reimbursement

		Medi	care		Medi c	ai d											
	(Title 18)		((Title 19)			Other I		Pı	Private Pay			Managed Care			Percent	
			Per Die	em		Per Die	m		Per Die	em		Per Diem	ı		Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No.	%	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	5	100.0	\$248.81	38	97. 4	\$101.97	0	0. 0	\$0.00	23	95.8	\$134.00	1	100. 0	\$101.97	67	97. 1%
Intermediate				1	2.6	\$84.69	0	0. 0	\$0.00	1	4. 2	\$129.00	0	0. 0	\$0.00	2	2.9%
Limited Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Personal Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Traumatic Brain In	j. 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Ventilator-Depende	nt 0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0.0%
Total	5	100. 0		39	100. 0		0	0. 0		24	100.0		1	100. 0		69	100.0%

ST JOSEPHS REHAB CENTER

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Admissions, Discharges, and		Percent Distribution	$of\ Residents'$	Condi t	i ons, Servi ces,	and Activities as of 12/	31/00
Deaths During Reporting Period							
					% Needi ng		Total
Percent Admissions from:		Activities of	%	As	sistance of	% Totally	Number of
Private Home/No Home Health	3. 9	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents
Private Home/With Home Health	0.0	Bathi ng	5. 8		79. 7	14. 5	69
Other Nursing Homes	3. 3	Dressi ng	24. 6		65. 2	10. 1	69
Acute Care Hospitals	92. 2	Transferring	31. 9		55. 1	13. 0	69
Psych. HospMR/DD Facilities	0.0	Toilet Use	30. 4		55. 1	14. 5	69
Rehabilitation Hospitals	0.0	Eating	60. 9		33. 3	5. 8	69
Other Locations	0. 7	****************	*********	*****	**********	*********	******
Total Number of Admissions	153	Continence		%	Special Treat	ments	%
Percent Discharges To:		Indwelling Or Externa	al Catheter	8. 7	Receiving Re	espi ratory Care	8. 7
Private Home/No Home Health	44.3	0cc/Freq. Incontinent	of Bladder	52. 2	Recei vi ng Ti	racheostomy Care	0. 0
Private Home/With Home Health	6. 7	0cc/Freq. Incontinent	of Bowel	23. 2	Recei vi ng S	ucti oni ng	0. 0
Other Nursing Homes	4.0				Receiving 0s	stomy Care	4. 3
Acute Care Hospitals	10. 7	Mobility			Recei vi ng T	ube Feeding	1.4
Psych. HospMR/DD Facilities	0.0	Physically Restrained	i	4. 3	Receiving M	echanically Altered Diets	26. 1
Rehabilitation Hospitals	0.0						
Other Locations	12. 1	Skin Care			Other Resident	t Characteristics	
Deaths	22. 1	With Pressure Sores		7. 2	Have Advance	e Directives	95. 7
Total Number of Discharges		With Rashes		10. 1	Medi cati ons		
(Including Deaths)	149				Receiving Pa	sychoactive Drugs	59. 4

		0wn	ershi p:	Bed	Si ze:	Li censure:			
	Thi s	Non	profit	50-	- 99	Ski l	lled	Al l	
	Facility	Peer	Group	Peer Group		Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90. 0	87.8	1. 03	87. 3	1. 03	84. 1	1. 07	84. 5	1.06
Current Residents from In-County	91. 3	82. 6	1. 11	80. 3	1. 14	83. 5	1.09	77. 5	1. 18
Admissions from In-County, Still Residing	13. 1	25. 9	0. 50	21. 1	0. 62	22. 9	0. 57	21.5	0. 61
Admissions/Average Daily Census	212. 5	116. 8	1.82	141.8	1. 50	134. 3	1. 58	124. 3	1.71
Discharges/Average Daily Census	206. 9	117. 3	1. 76	143.0	1. 45	135. 6	1. 53	126. 1	1.64
Discharges To Private Residence/Average Daily Census	105. 6	43. 9	2.40	59. 4	1. 78	53.6	1. 97	49. 9	2. 12
Residents Receiving Skilled Care	97. 1	91. 3	1.06	88. 3	1. 10	90. 1	1. 08	83. 3	1. 17
Residents Aged 65 and Older	98. 6	97. 1	1.02	95.8	1.03	92. 7	1.06	87. 7	1. 12
Title 19 (Medicaid) Funded Residents	56 . 5	56 . 2	1. 01	57.8	0. 98	63. 5	0.89	69. 0	0.82
Private Pay Funded Residents	34. 8	37. 5	0. 93	33. 2	1.05	27. 0	1. 29	22.6	1.54
Developmentally Disabled Residents	0. 0	0. 6	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	50. 7	36. 3	1.40	32.6	1. 56	37. 3	1. 36	33. 3	1. 52
General Medical Service Residents	15. 9	21. 1	0. 76	19. 2	0. 83	19. 2	0. 83	18. 4	0.86
Impaired ADL (Mean)	40. 9	50. 8	0.80	48. 3	0.85	49. 7	0.82	49. 4	0.83
Psychological Problems	59 . 4	50. 0	1. 19	47. 4	1. 25	50. 7	1. 17	50. 1	1. 19
Nursing Care Required (Mean)	7. 2	6.8	1.07	6. 1	1. 19	6. 4	1. 12	7. 2	1.01